Region 4 Re-Route Form

LogistiCare Solutions, LLC

Date: _____ **Date of Service:** _____ **Provider:** _____

Phone #: _____ **Time Faxed:** _____ **Address:** _____

Fax #: _____ _____

JOB #	Member's Name	Code	Pick-Up Time	Pick-Up County

PLEASE NOTE: This Form is To Be Faxed Within 24 Business Hours of Scheduled Pick-Up Time to LogistiCare, or 2 Hours of When Fax Was Received to the Region 4 Office at Fax Number: (866-872-3843) or After Hours Fax Number: (866-679-6329).

DO NOT PUT MORE THAN ONE DAY OF SERVICE ON THIS FORM! USE DIFFERENT FORM EACH DAY!

Please Do Not Combine Cancellations and ReRoutes On This Form!